										Application or Docket Number				
Effective December 8, 2004														69
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY	OF		R THAN ENTITY
TOTAL CLAIMS								•		RATE	FEE	]	RATE	FEE
FOR				NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	150.00	OF	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS					mlnus 20=		ė.			X\$ 25=	: :	OF	X\$50°a	
INDEPENDENT CLAIMS					minus 3 =		•			X100=	+	OF	Your	
MULTIPLE DEPENDENT CLAIM PF					RESENT				1	+180=	1	OF		<del>                                     </del>
If the difference in column 1 is less than zero, enter "0" in column 2										TOTAL	<del></del>	OF	<u> </u>	
U	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								<b>)</b>		ENTITY	OR	OTHER	
AMENDMENTA	( )	R	CLAIMS EMAIND AFTER (END)M	NG		HIGHI NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>₹</b>	Total	•	70		Minus	-0	<del>2</del> 0	= /		X\$ 25=		OR	X\$50=	
	Independent	•	2		Minus		9	-/	]	X100=		OR	X200=	
_	FIRST PRESE	NTA	TON O	F MU	LTIPLE D	EPENDENT	CLAIM		]	<b>+</b> 180=	1	1	+360=	
							•	•	.	TOTAL		OR.	TOTAL	
ADDIT, FEEOH ADDIT, FEE														
AMENDMENT B	12-18-06	CLAIMS		VG		HIGHE NUMB PREVIO PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI: TIONAL FEE		PATE	ADDI- TIONAL FEE
2	Total	•	9		Minus	- 2	)	- Ø.	11	X\$ 25=		OR	X\$50=	
AME	Independent	•	2		Minus	- 3	<u> </u>	- 0	1	X100=		OR	X200=	
لـــ	FIRST PRESE	NTAT	TON O	FMU	LTIPLE DE	PENDENT	CLAIM		<b>」</b>	+180=		OR	+360= .	
		,							L	TOTAL			TOTAL	
	•	(C	olump	<b>11</b> .		(Colum	n 2) '	(Column 3)		DDIT. FEE	L	,	ADDIT, FEE	
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENOMENT			HIGHE NUMBE PREVIOU PAID FO		st er Jsly	ST PRESENT ISLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		-	Vinus	ea.		c		X\$ 25=		OR	X\$50=	
	Independent	•			Minus	***		e .	ŀŀ	X100=			X200=	
	FIRST PRESE	NTAT	TON O	FMU	TIPLE DE	PENDENT	CLAIM		ŀ			OR		
• #	the entry in colum	nn 4 A	e lose #	an the	entre la sal	uma 9 welle 9	Of de each	mm a	L	+180=		OR	+360=	
- 1	the Highest Nur the Highest Nur	nber.	revious	ly.Pak	EO' IN TH	IS SPACE IS	less than	20, enter 20.	A	TOTAL DOTT. FEE		OR-	DDIT: FEE	